

F22 UT DESIGNER AGREEMENT INFORMATION

Project: _____
 Institute: _____
 SBC No.: _____

For the Designer Agreement to be completed the following information will be required:

1. Agreement to the preliminary project schedule (Yes, No, NA):

2. Complete all sections below and return the form to The Office of Capital Projects: sinkleba@utk.edu

3. Designer Information

Firm Name: _____
 Address: _____
 Telephone: _____ Email: _____
 Federal Taxpayer ID Number _____

4. Name and TN registration number of the principal or principals who will sign the agreement:

Name	TN Reg. #	Email	Main & Mobile Phones

5. Firm, person's name, and TN registration number of the consultants for this project:

Services	Firm Name:	Name	Email	TN Reg. #
Architectural:				
Mechanical:				
Electrical:				
Structural:				
Civil:				
Landscape:				
Environmental:				
Other: Fire Protection				
Other: Interior Design				
Other:				

6. Amount of Insurance Coverage as shown in the project solicitation: _____